Better Homes and Centers

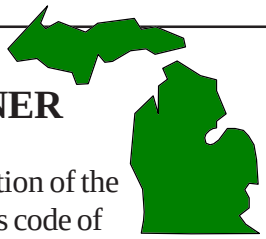
DEPARTMENT OF
CONSUMER & INDUSTRY SERVICES
Division of Child Day Care Licensing

INFANTS AND TODDLERS:
PART I - DEVELOPMENT

Issue 46 Summer/Fall, 1998

Dear Reader,
This publication provides topical information regarding young children who are cared for in licensed child care settings. We encourage child care providers to make this publication available to the parents of the children in care or to provide them with the web address so they may receive their own copy. Issue 43 and beyond are available on the internet.

DIRECTOR'S CORNER



I want to share with you a portion of the Bureau of Regulatory Services code of ethics which is, "Serve the public with respect, courtesy, and responsiveness."

The Child Day Care Licensing Division's ability to be responsive is linked to workload demands placed on licensing staff. It is highly likely that staff will not be able to be as responsive as they would like because of conflicting demands on their time. Many of you understand this dilemma and have been very patient with staff. I want to acknowledge that and express my personal appreciation for your understanding.

I want to discuss the rest of the ethics statement, which is serving you with respect and courtesy. All staff are committed to serving providers in the best manner possible regardless of the reason for the contact. How you are treated is very important to me. You may disagree with the message we bring, but we are required to do so. We work hard to not let that influence the way we interact and communicate with you.

One way for management to know how we are doing is through a provider survey. Several years ago, I sent all providers a survey (on blue paper) entitled, "Help Us Help You." Out of the 18,000 mailed, over 4,000 surveys were returned. That is considered to be a very good return rate for any survey. It was helpful for us as we then were able to give feedback to the licensing consultants about how providers felt about our interaction.

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This publication is paid for by Family Independence Agency Child Care Services

Inside This Issue

PRIMARY CAREGIVING—NO EASY TASK!

Carole M. Grates, Consultant
Primary Directions

Early this year, researchers gave us concrete evidence of the importance of the first 3 years of life and the role that a child's primary caregiver plays in his development. This creates for all of us "The Day Care Dilemma" as the Times Special Report named it. The dilemma arises from a recent study indicating that 40 % of day care centers for infants and toddlers provided less than the minimum standard of care.

One of the identified problems with child care centers was that of unresponsive caregivers. From my own experience, this unresponsiveness often arises from two things:

- Lack of understanding about the role of the infant and toddler caregiver.
- The practical side of planning for primary caregiving in a large group of children.

What is the role of the primary caregiver?

In a center, a primary caregiver is the person who provides the majority of the nurturing activities for a child during the day. These include diapering, feeding, and comforting, as well as interacting, talking and playing with the child. This is the person who is well acquainted with the special needs of the child and the child's individual daily rhythms. This is the person who knows the concerns of the child's parents and shares with the parent in planning for the child.

What are the elements of primary caregiving?

There are three basic elements of primary caregiving:

- Continuity of one relationship
- Continuity of care
- Appropriate social interaction

Continuity of one relationship means a child has as few primary caregivers as possible during any given day and within any given week. It is suggested that no child have more than 2 caregivers in a day and no more than 4 throughout the span of a week. Each child should be assigned to a primary caregiver and the parents should be informed who this is so they can establish a relationship with the caregiver also.

It is evident that a primary caregiving relationship exists when a child seeks out his primary caregiver in times of stress or need. It is also evident when the child receives his care and nurturing from the same person throughout the day.

Continuity of care helps a child experience predictability in his environment. This is achieved when caregiving practices and expectations are consistent between the child's caregivers from home and within the center. The most important factor is communication—communication between caregiver(s) and parent(s) and between caregivers who share the primary responsibility for a child within the center.

Communication between parent and caregiver occurs when the parent arrives and departs the center. When the child arrives, his primary caregiver should take the time to talk with his parent about the night before, any signs of illness, any stresses from the home, or other factors that may affect how he will react during the day. Caregiver and parent should also have ongoing discussions about his daily patterns and how they will cooperate in consistent caregiving practices. For example, toilet training in the center will cause stress for the child if the method and the timing are not similar to his home.

"A primary caregiver is the person who provides the majority of the nurturing activities for a child during the day."

If the child has more than one caregiver within the center during the day or during the week, it is important that there is an opportunity for these staff to share information about the child. It is best if there can be an overlap of time between shifts so the caregivers can discuss and ask questions of each other. It is necessary that all pertinent information about the child also be recorded in a log for reference. This log is also useful for talking with the parent at the end of the day if there have been two primary caregivers.

Appropriate social interaction promotes the positive social development of the child and begins with the nurturing behavior of the primary caregiver. Nurturing starts with the caregiver responding to the child's needs.

It should be an integral part of caregiving activities such as diapering or feeding. These are not times for routine only but should be times for talking and touching. Unfortunately, these can be the very times when caregivers become the least responsive to children.

The caregiver also needs to understand an infant's distress cues such as turning away from a situation, crying or fussing, and arching the back or neck, and to respond appropriately. No child should be allowed to be in distress because his cues are not read. A primary caregiver that is really in tune with her children anticipates a child's needs before undue stress occurs.

Appropriate social interaction also includes interacting with the child during play activities. Children are developing concepts about their world as they play and interact with adults, other children and objects in their environment. Caregivers are necessary to help them make sense out of all the stimuli around them.

And finally, a caregiver provides guidance that will help the child to develop those social skills needed to get along with others in the larger world. Children need help in resolving conflicts. Some need help in entering a playgroup. They require verbal and nonverbal encouragement to try new things—words, smiles, and nurturing touches. What is important to remember is that parents and caregivers need to agree on the expectations for the child and the guidance techniques used.

How do you schedule for primary care giving?

Planning for primary caregiving is not an easy task. There are no set rules since each center has unique circumstances. The ideal, of course, would be that each child comes every day for a full day and you would have no scheduling problems. The actual situation is that you have a mixture of part time and full time children. First, look at your specific schedule and determine how you can deploy your infant staff in the most effective way. It is easiest if your staff can work a minimum of 6 hours a day. This provides for two shifts that often overlap.

Secondly, plan for an overlap of 15 minutes between shifts. This allows caregivers time to share what has happened in the morning and what the parent has told the first caregiver about the child. These caregivers should also agree on common expectations for the child and these expectations need to be in agreement with the parent.

Daily log

A daily log for infants and toddlers aids communication. It helps caregivers to recall what has transpired in the course of six (6) hours with four (4) children. It establishes patterns for determining guidance techniques. A log also helps when communicating with parents. Some programs have the parents complete a log from the previous evening so the center has a written record of the child's activities and any symptoms of illness that may have occurred at home.

Teamwork

Finally, caregivers should understand that although they have four (4) infants assigned to them for their shift, they are still a part of a team. Each member of the team is an essential support for the others. It is expected that as needs arise, caregivers will interact with and care for children other than their own within the group.

Jim Greenman outlines the primary caregiver's daily responsibilities in the book, Prime Times. He tells us that the job of the primary caregiver includes:

√ Making each child feel special
√ Keeping daily records for each child
√ Planning appropriate experiences, and most importantly
√ Advocating for the child and the parent.

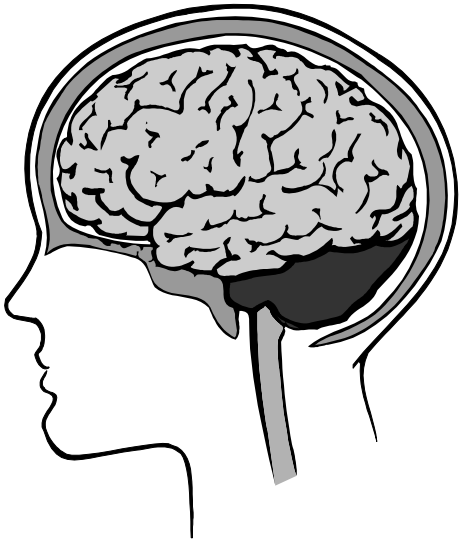
Not an easy task in anyone's terms!❖

BRAIN DEVELOPMENT

Steve Manchester
Michigan Association for the Education
of Young Children

Children are born ready to learn and they do, rapidly, from the moment of birth. Within a week, an infant can distinguish sounds unique to his native language. Within a couple of weeks, the newborn will turn toward the voice of his mother or father in preference to the voice of a stranger.

Attentive parents and child care providers know that young children are prodigious learners, but, until recently, a majority of adults did not. Thanks to new techniques, scientists in the medical profession have learned to map brain development, even in infants. They have been amazed by what they have learned in the last 10 years.



By age three, the child is as active in learning as he will be at any time in his life. A three year old's brain has twice the learning capacity of an adult and uses two to three times as much energy as the adult brain. By the age of three, the child has developed the basic intellectual, emotional and social foundations that shape the rest of his life. Something is happening in that young head.

Beyond learning words, numbers, and academic concepts, the infant learns the practical skills that allow him to operate successfully within his environment. As the brain develops, the infant's intellectual, emotional and social growth become intertwined. While interacting with his environment, the developing infant learns important mannerisms that will allow him to have successful social interactions with others. For example, imagine the interaction between an infant and his father. The father enters the room and the infant looks up. The father smiles and the infant returns the smile. The father greets the infant who begins to babble joyfully. The infant has learned and is able to put into practice skills common in social interaction: eye contact, expression of emotion, and verbalization.

During most of the infant's waking hours, he is actively mastering his environment and learning how to function within it. This provides the caregiver with the responsibility of setting up the infant's environment as a place of appropriate intellectual, emotional, and social stimulation.

One appropriate practice that the National Association for the Education of Young Children (NAEYC) suggests to promote healthy infant development is to provide toys that are responsive to the young child's actions. By challenging the infant with a variety of toys that require different types of manipulation, and an assortment of skill-development materials, the provider sets the stage for intellectual development.

To help stimulate emotional development, the NAEYC recommends that caregivers ensure that every infant receives nurturing, responsive care. Scientists have confirmed that adult actions such as hugging, touching, loving as well as talking and reading with children provides a wonderful, nurturing environment in which children can learn.

Infant's social development can be enhanced when caregivers engage in many one-to-one, face-to-face interactions. Adults should talk to infants using a calm, soothing voice, and make frequent eye contact.

Developmentally appropriate practices recommended for caregivers of children by the NAEYC have now stood the test of time in two different ways. These recommendations have passed the test of practice over many years. In addition to this, they have passed the test of brain science, which shows that the high quality child care that the National Association for Early Childhood Education promotes is effective in stimulating healthy brain development.

Those who provide and/or advocate for high quality care should feel proud.❖

HEALTH CARE SERVICES PLAN

Editorial Committee

What is a health care services plan and who is required to implement one?

The plan outlines procedures, practices and training designed to improve and maintain a healthy and safe environment for children and caregivers.

At this time, only child care centers serving children under 2 ½ years of age are required to have a health care services plan developed in conjunction with a licensed physician or registered nurse. Developing such a plan is a good idea for all child care providers. The plan should be easy to monitor and be modified after periodic review.

What are the benefits to having a health care services plan?

The major benefit is having healthier children and staff. This reduces absenteeism of children and staff from child care and parents from their work. The plan will help to educate caregivers, children and parents in recognizing and implementing good health care practices.

What must be included in the health care services plan?

The three components include:

1. Policies and procedures
2. Community resources
3. Training

What <u>policies and procedures</u> should be addressed at a minimum?

At a minimum your policies and procedures should contain the following:

- Diapering
- Cleaning and sanitizing schedule
- Handwashing methods
- Illness/Injury policy including symptoms, response, exclusion and isolation
- Food preparation and services
- Emergencies
- Health records and immunization requirements.
- Medication storage and dispensing
- Outdoor play

What are some of the <u>resources</u> available in your community to call upon for assistance or information?

Examples of resources:

- <u>Health Care</u>: Health department, hospitals, red cross, OSHA, poison control, Atlanta Disease Control, physicians, nurses, disease specific support groups
- <u>Educational</u>: Universities, colleges, libraries, videos, seminars, literature
- <u>Food Programs</u>: USDA, Food sponsors, extension offices
- <u>Organizations</u>: 4C, NAEYC, provider groups

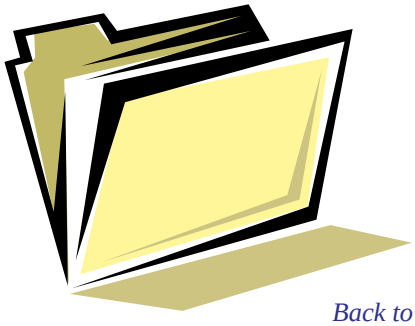
What training should be offered and to whom?

Training is an integral part of any health care services plan. All staff and volunteers should complete an inservice training prior to beginning employment and then on an on-going basis. Encourage parents to participate in training. Decide what areas of training are necessary for children and implement a program for them as well.

Training should include, at a minimum, the following areas:

- Emergency procedures
- Handwashing/hygiene
- Diapering
- Illness identification and response
- Cleaning/sanitizing schedule
- Universal precautions
- Medication handling
- Health records and allergies
- Food preparation and handling
- Facility safety precautions
- Identification of abuse and neglect and response.

If you need assistance in developing a health care services plan, call your licensing consultant.❖



OH NO! WHAT DO I DO WITH A SCREAMING MEEMIE?

Elaine Rauch, Consultant
Genesee County

We've all probably heard of them, and some of us have even known one… that little screaming bundle who takes the cute and cuddly right out of the word "baby." Now what if, heaven forbid, this little bundle is the newest addition to your childcare? There are two obvious options: 1) quit the business or, 2) try to help the child and yourself survive this experience as painlessly as possible.

Some of the more common causes of distress for infants include hunger, pain, being tired, having a soiled diaper, illness or other discomforts. Unfortunately, even when these causes are remedied, the crying does not always stop for some children. Caring for these children will be challenging.

Childcare settings can be very stressful for infants. They are not group creatures and may be overwhelmed by the amount of stimuli they encounter. Helping to reduce the amount of stimuli and being sensitive to the child's nonverbal messages may help the child cope.

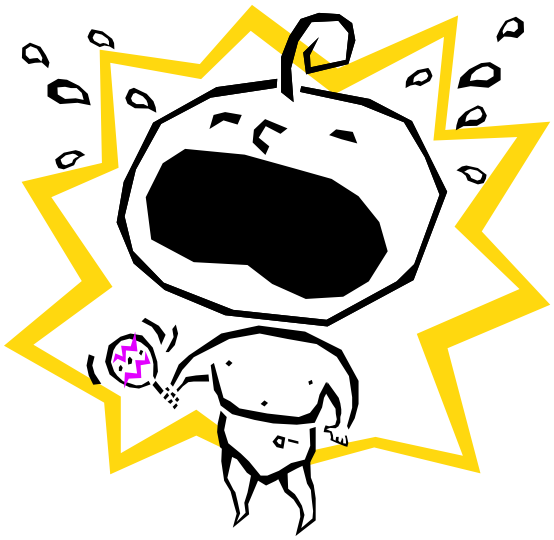
Signs of distress in infants may include:

- Crying as a defense to overstimulation
- Spitting up at feedings when there is too much stimulation
- Averting their gaze
- Refusing attention

It is hard to bond with these children because they are not receptive to your attempts at interaction.

So, what can you do with a distressed baby? Remember to handle her very slowly and gently. Reduce the stimuli around her. Keep the noise levels down, dim the lights, and remove her from the high activity areas. Provide monotonous background noise to help reduce auditory stimuli. Use a soft voice and allow for quiet time alone for the infant.

When the child's needs are met and the caregiver is attuned to her signals, the child's level of comfort and security increases. Introduce stimuli gradually and slow down at the first frown or sign of distress. Wait for the child to relax before initiating interaction.



There are physical ways to help decrease a child's discomfort. Swaddling the baby is one technique. Other ways are to:

- Place your hand on the child's chest
- Cuddle the child with her skin against your skin
- Hold the child's hands and bring her folded arms across her chest
- Guide the child's fist to her mouth to suck or use a pacifier
- Stroke the child in a rhythmical pattern
- Use vertical rocking (With your hands in your lap, cup the baby's head in the palms of your hands; with the child's feet at your stomach, slowly bring her head towards your body; then lower her back towards your lap.)

These practices help the child to feel secure and to gain control over her response to the environment.

Predictability of daily routines is especially important when dealing with the sensitive child and should not vary, if at all possible. Coping with the childcare environment is challenging enough without having to deal with a constantly changing schedule.

The child's progress in being able to cope may be small and a long time coming. Try to appreciate each small step as a great accomplishment for both you and the child. The challenge is great, but so are the rewards.

Finally, childcare settings are not for every child. If you feel that she is not adjusting to your particular setting despite your efforts, it may be necessary to suggest a smaller childcare or in-home care.❖

NO MORE DIAPERS!

Diane Gillham, Licensing Consultant
Grand Traverse County

A landmark day occurs for every parent and day care provider when a child graduates from diapers to "big girl pants." For most children this happens between the ages of two and four years. Each child is unique and has her own personal timetable. Parents and caregivers will sail through this period more easily by being tuned in to the child's signals rather than their own expectations.

Several factors indicate that a child is ready to begin to learn toileting:

- Having a vocabulary, both spoken and understood, for urinating and bowel movements
- Waking up dry in the morning and from naps
- Expressing an interest in toileting, i.e. willing to sit on the toilet
- Recognizing the internal signals, and the ability to hold and release for bowel movement and urination

Caregivers need to talk with parents about toileting before beginning this learning experience. Creating similarities in methods and approach between home and day care helps the child to adapt to a new routine in her day. The adults may agree to always have the child sit on the toilet at certain times of the day or following certain daily occurrences – arrival at day care, before or after meals, after naptime, or before going outside. It is important that whatever schedule is agreed upon be communicated with the child – "After naptime, you will sit on the toilet."

To prepare for initial toileting experiences, caregivers might give the toddler an opportunity to visit the bathroom, perhaps observe others sitting on the toilet. She could practice sitting on the toilet for "fun" and even practice flushing pieces of toilet paper to become accustomed to the action and noise of the toilet. A seat adapter may help alleviate fears of falling into the toilet.

Continuous praise is important throughout the toileting experience. A child that tells the provider she has wet or soiled her diaper/underwear is to be praised for recognizing that they have completed an act and need to be changed. A child who sits on the toilet, whether she eliminates or not, is to be praised for the act of sitting and becoming accustomed to the toilet. And certainly the child who is successful in using the toilet any time is to be congratulated!

Patience and acceptance of the child throughout the toileting process can make this a positive rather than frustrating time in a child's development! Very few children start school wearing diapers, so listen to the child's cues and give her the time that she needs to become a big girl! ❖

GUIDELINES FOR INITIATING THE USE OF THE TOILET:

- Wait to begin the process until the child shows signs of knowing in advance when he/she is about to eliminate.
- Let children practice sitting on the toilet without pressure of eliminating.
- Reinforce the vocabulary of toileting by using correct words during diapering.
- The times when success on the toilet are most likely are typically after meals, after naps and when the child has been dry for several hours.
- Mention that you are going to use the toilet. Children like the idea that adults use it, too.
- Expect that success is most likely to be with bowel movements at first. Learning to urinate in the toilet usually takes more time.
- Quiet words of encouragement are in order whether the child eliminates in the toilet, in the diaper or on the floor.
- Children need to be taught how to wipe properly after elimination, but will need help with this at first.
- Children sometimes develop toilet skills by observing others.
- Change the child promptly when he/she urinates or defecates in the diaper or training pants. Clean up accidents on the floor in a matter-of-fact way.
- Accidents will happen even after it appears that toilet learning has been completed.
- Keep a toilet learning record in your daily log to share with parents.
- Keep calm and remain sane. Toilet learning does happen!

Dan Hodgins
Mott Community College

What is SIDS?
Sudden Infant Death Syndrome (SIDS) is defined as "the sudden death of an infant under one year of age which remains unexplained after a thorough case investigation, including performance of a complete autopsy, examination of death scene, and a review of the clinical history."

SIDS, sometimes known as crib death, is the major cause of death in babies from 1 month to 1 year of age. Nearly 6,000 infants, or about 1 in 1,000 live births, die of SIDS each year in the U.S. Most SIDS deaths occur when a baby is between one and four months old. More boys than girls are victims, and most deaths occur during the fall, winter, and early spring months.

The death is sudden and unpredictable; in most cases, the baby seems healthy. Death occurs quickly, usually during a sleep time.

Much research is being conducted into the causes of SIDS. Yet after 30 years of research, scientists still cannot point to one definite cause or causes. There is no way to predict or prevent the occurrence of SIDS. But, research has found some things that can be done to help reduce the risk of SIDS.

Recent research shows that SIDS is more common in babies who go to sleep on their tummies. By making sure the baby goes to sleep on his back or sides, you can help reduce the risk of SIDS.

Babies should be placed down to sleep on their back or on their side, with the lower arm forward to stop them from rolling over.

While sleeping on his back or side may help protect the baby from SIDS, there are other things you can do that will also help to keep the new baby healthy.

Bedding. Make sure your baby is sleeping on a firm mattress or other firm surface. Don't use fluffy blankets or comforters under the baby. Don't let the baby sleep on a waterbed, sheepskin, a pillow or other soft materials. When your baby is very young, don't place soft stuffed toys or pillows in the crib with him. While these toys and other things are cute, some babies have smothered with these soft materials.

Temperature. Babies should be kept warm, but they should not be allowed to get too warm. Keep the temperature in your baby's room so that it feels comfortable to you.

Smoke-free. Create a smoke-free zone around your baby. No one should smoke around your baby. Babies and young children exposed to smoke have more colds and other upper respiratory tract infections, as well as an increased risk of SIDS.

Doctor or clinic visits. If your baby seems sick, call the doctor or clinic right away. Make sure the baby receives his immunization shots on schedule.

Prenatal care. A good start for any baby is for his mother to have received early and regular prenatal care. The risk of SIDS is higher for babies whose mothers smoked during pregnancy. It is also important to their baby's well-being for pregnant women not to use alcohol or drugs (unless prescribed by a doctor.)

Enjoy your baby! Remember, most babies are born healthy, and most stay that way. SIDS is rare. Don't let the fear of SIDS spoil your joy and enjoyment of having a new baby!❖

DON'T PROP THE BOTTLE
Reprinted from *Better Homes and Centers*, Issue 33

Bottle propping is the practice of using a blanket or pillow to support the bottle for an unattended infant who is too young to hold it to feed. An increased risk of choking, aspirating, ear infections, and tooth decay occurs when the bottle is propped. Therefore, do not prop the bottle.

A pattern of extensive tooth decay called "baby bottle tooth decay" may be caused by giving an infant or toddler a bottle of milk, juice or other sugary drink as a pacifier at bedtime and throughout the night. Any liquid except plain water can cause tooth decay and should therefore be avoided at bedtime and at night.

CHILD CARE AND THE AMERICANS WITH DISABILITIES ACT

U.S. Department of Justice

Questions arise regarding child care and the ADA. In the next several issues of Better Homes and Centers, we will print answers to the most commonly asked questions. This information can be found in its entirety in a Department of Justice publication. See the Resources Sections for more information.

1. Which child care facilities are covered by Title III?

Almost all child care providers, regardless of size or number of employees, must comply with Title III of the ADA. Even small, home –based child care that may not have to follow some State laws are covered by Title III.

The exception is child care centers that are actually run by religious entities such as churches, mosques, or synagogues. Activities controlled by religious organizations are not covered by Title III.

Private child care centers that are operating on the premises of a religious organization, however, are generally **not exempt** from Title III. Where such areas are leased by a child care program not controlled or operated by the religious organization, Title III applies to the child care program but not the religious organization. For example, if a private child care program is operated out of a church, pays rent to the church, and has no other connection to the church, the program has to comply with Title III but the church does not.

2. What are the basic requirements of Title III?

The ADA requires that child care providers not discriminate against persons with disabilities on the basis of disability, that is, that they provide children and parents with disabilities with an equal opportunity to participate in the child care center's programs and services.

Specifically:

- Centers cannot exclude children with disabilities from their programs unless their presence would pose a ***direct threat*** to the health or safety of others or require a ***fundamental alteration*** of the program.
- Centers have to make ***reasonable accommodations*** to their policies and practices to integrate children, parent, and guardians with disabilities into their programs unless doing so would constitute a ***fundamental alteration.***
- Centers must provide appropriate auxiliary aids and services needed for ***effective communication*** with children or adults with disabilities, when doing so would not constitute an ***undue burden***.
- Centers must generally make their facilities accessible to persons with disabilities. Existing facilities are subject to the ***readily achievable*** standard for barrier removal, while newly constructed facilities and any altered portions of existing facilities must be ***fully accessible.***

3. We diaper young children, but we have a policy that we will not accept children more than three years of age who need diapering. Can we reject children older than three who need diapering because of a disability?

Generally, no. Centers that provide personal services such as diapering or toileting assistance for young children must reasonably modify their policies and provide diapering services for older children who need it due to a disability. Generally speaking, centers that diaper infants should diaper older children with disabilities when they would not have to leave other children unattended to do so.

Centers must also provide diapering services to young children with disabilities who may need it more often than others their age.

Some children will need assistance in transferring to and from the toilet because of mobility or coordination problems. Centers should not consider this type of assistance to be a "personal service."❖

BILLING INFORMATION FOR CENTERS AND GROUP HOMES

Family Independence Agency

The Family Independence Agency (FIA) is aware that there are issues regarding billing problems. First, you have a responsibility to make sure that you submit the correct forms in a timely manner, completed accurately, and signed. To address those things FIA can control, the following improvements to the billing system have been made:

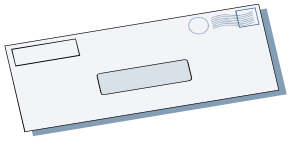
FIA Reprocesses Billing Forms:
In April 1998, the Family Independence Agency (FIA) implemented a change in the billing process to make it easier for child day care providers to bill FIA for care given. We are calling the change "reprocessing." Reprocessing means that FIA will make several attempts to pay the bill before the provider needs to send in a new billing form for the same pay period. Reprocessing of child day care billing forms (FIA-105/105A) will only be done if there is no authorization for the care on FIA's computer. When a billing form errors out due to no authorization on the computer, we will send a notice to the FIA worker before we reprocess the billing form. Billing forms rejected for reasons other than no authorization on the computer are not automatically reprocessed.

If your billing is reprocessed, you will receive an error message on your Statement of Payments (CH-151) that states "No Auth – FIA will Reprocess." Billings that have no authorization on the FIA computer are reprocessed by FIA each payroll until the billing pays or 6 weeks have passed. After 6 weeks, if the billing has not paid, the error message on your Statement of Payments will be "No Auth - Please Rebill." At that time you must rebill. Before you rebill, have the parent contact their Family Independence Specialist at the local FIA office about the authorization for the child.

FIA Child Day Care Provider Handbook Revision:
The Child Day Care Provider Handbook (FIA Pub-230) has been revised. The new handbook has a revision date of 5/98 and is burgundy colored. The handbook provides information on the Child Day Care Services program. Instruction on how to bill FIA for child care, the child day care payment schedule with billing deadline dates, information on the Child and Adult Care Food Program and information on the 4C agencies and the services they provide are included. The new handbook was sent in June 1998 to all active child day care providers, except day care aides. If you did not receive a handbook call 517-373-0356 to request one.

FIA Child Day Care Billing Form Revision:
The FIA Child Day Care Billing/Attendance Invoice form (FIA-105/105A) has been revised. This is the form child day care centers and group day care homes use to bill FIA for child care provided to FIA authorized children. The new form is burgundy colored and has a revision date of 5/98. The size of the FIA-105 was reduced from the previous large, oversize format. FIA plans to begin using the new forms in June, 1998. If you are currently billing FIA, you will receive the new FIA-105 with the preprinted information. Copies of the revised FIA-105A, which is identical to the FIA-105 except that it is blank with no preprinted information, may be obtained from the local FIA office, 4C offices, or from FIA Payment Document Control. Payment Document Control now has a toll-free phone number, 800-444-5364.

The return envelope used for the FIA-105/105A was also revised. Because the new return envelope is smaller, you may notice a reduction in postage costs. Be sure to tear off the strips on each side of the FIA-105 and on the top of the FIA-105A. Fold the form in half prior to inserting it in the return envelope. Keep the carbon copy of the billing form for your records.



Mailing the FIA-105/105A as soon as possible after the end of the pay period will ensure that payment is made promptly or that billing errors are identified quickly. Billing forms received by FIA Payment Document Control more than 12 months after the care is provided will not be paid.❖

RESOURCES: INFANTS AND TODDLERS

Allen, K.E. and L. Marotz. Developmental Profiles, Prebirth to Eight. Albany, NY: Delmar Publishers, 2nd edition.

Berman, C. and J. Fromer. Meals Without Squeals. Palo Alto, CA.: Bull Publishing Co., 1978.

Brazelton, T.B. What Every Baby Knows. Reading, MA.: Addison-Wesley, 1987.

Caplan, Frank. The First Twelve Months of Life. New York: Bantam, 1985.

Caplan, Frank and Theresa Caplan. The Second Twelve Months of Life. New York: Bantam, 1985.

"Crying...What Can I Do?" (Never Shake A Baby). SBS Prevention Plus. 1-800-858-5222.

Greenman, Jim and Anne Stonehouse. Prime Time – A Handbook for Excellence In Infant and Toddler Programs. St. Paul, MN.: Redleaf Press, 1996.

Sudden Infant Death Syndrome: A Video on Helping to Reduce the Risk. National Institute of Child Health, Bethesda, MD.

Shore, Rima. Rethinking the Brain. New York: Families and Work Institute, 1997.

U.S. Department of Justice, Civil Rights Division, Disability Rights Section. Child Care Centers and the Americans with Disabilities Act.1-800-514-0301.

White, B.L. Educating the Infant and Toddler. Lexington, MA: Lexington Books, 1988.

Call your licensing consultant for the following:

Michigan Department of Consumer and Industry Services. Biting: What Can I Do To Stop It?

Michigan Department of Consumer and Industry Services. Fussy Baby. Publication 689 (3-94).

Michigan Department of Consumer and Industry Services. Toilet Learning and the Toddler!!

VIDEO REVIEWS

Back to Sleep – Sudden Infant Death Syndrome

This brief 4 minute video emphasizes the importance of putting your baby on his back or side to sleep. Babies get used to this position very quickly. It is a common mistake to think that your baby is more likely to choke when he is sleeping on his back. In fact, healthy babies will turn their heads if they spit up and will not choke. There are some other things you can do to minimize the risk of SIDS, including:

- Using a firm mattress for your baby to sleep on.
- Checking the room temperature in baby's room to ensure it is not too warm.
- Not smoking in the home.
- Getting all recommended shots and immunizations.
- Breast feeding your baby if possible.

Crying…What Can I Do?

Critical information about Shaken Baby Syndrome is provided in this 7 minute video. The consequences of shaking a baby are devastating, and can include brain damage, blindness or even death. There is also the possibility of delayed onset of symptoms such as learning disabilities. The video reminds parents and providers that crying is a baby's primary means of communicating her needs. Finally, some coping strategies are suggested if the baby just won't stop crying. Every caregiver and parent should take the time to watch this video.

These videos are available from your licensing consultant.

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DIRECTOR'S CORNER *(from Page 1)*

A new survey (on green paper) is being conducted which asks similar questions. When you receive one, please take a few minutes and complete it for us. **Your responses are anonymous unless you complete the box asking for someone to contact you.**

This Division's staff takes their responsibilities seriously and want to know your perceptions of their contacts with you. Your comments are valuable and important to us.

Thank you for helping us help you.

Ted deWolf, Director
Division of Child Day Care Licensing

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GREEN THUMB VOLUNTEERS

Have you thought of using volunteers in your child care center or home?

Senior volunteers may be the answer to your need for increased staff support. Green Thumb, a national non-profit organization, will recruit low-income seniors, ages 55 and older, to work in child care centers and homes at no cost to the employer. The center or home will train the volunteer and Green Thumb will pay the salary for a time, usually six months to a year. After that time, the center or home may hire the individual, but is under no obligation to do so.

If you would like more information about this valuable resource for providers of child care, call Cathy Robinson, Michigan's Green Thumb Director, at 517-772-5308 or write:

Cathy Robinson
Green Thumb Michigan Office
116 Court Street, Suite 3
P.O. Box 465
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